



CONSUMER LOAN ANNUAL REPORT OF LICENSEE

Engaged in the Business of Making Regulated Loans
Under the Montana Consumer Loan Act

For the Calendar Year Ended December 31, 2014

Each licensee is required by Montana law to submit an annual report of its operations (32-5-308, MCA). Please complete this report according to the attached instructions. Be sure to report only information pertaining to business conducted under the Montana Consumer Loan Act. **Report only loans made to Montana residents.**

Important: The report must be filed on or before **April 15, 2015**. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to initiate an enforcement action against your license, which may include suspension or revocation and a fine.

ANNUAL REPORTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:

Division of Banking & Financial
Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:

Division of Banking & Financial
Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930

E-MAIL: ssheehy@mt.gov

PHONE: 406-841-2945

☐ **CHECK HERE IF NO LOANS MADE TO MONTANA RESIDENTS IN 2014**

REPORTING ENTITY

1. Name of Licensee _____
2. License number _____
3. Address of licensed location _____
4. Principal line of business (choose one)
 - a. _____ Loans of other types
 - b. _____ Loans secured by real estate
 - c. _____ Small, short-term loans, whether secured or unsecured
 - d. _____ Other (explain) _____
5. Number of employees at this location at year-end _____
6. Name of person preparing this report _____
7. Phone number of preparer _____
- Fax Number _____
- E-mail Address _____

STATEMENT OF INCOME AND EXPENSES

Calendar Year Ending December 31, 2014

****REPORT ONLY CONSUMER LOAN BUSINESS IN MONTANA****

****DO NOT INCLUDE INCOME FROM ANY OTHER TYPE OF BUSINESS****

INCOME

- | | |
|-----------------------------------|-------|
| 8. Charges Collected or Earned | _____ |
| 9. Other Income (itemize) | _____ |
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |
| d. _____ | _____ |
| 10. Total Operating Income | _____ |

EXPENSES - If any expenses are shared with other business operations, please use your best estimate in allocating that portion of the expense attributable to the consumer loan business.

- | | |
|--|-------|
| 11. Advertising | _____ |
| 12. Auditing | _____ |
| 13. Bad Debts: | |
| a. Debts Charged Off | _____ |
| b. (Deduct) Recoveries | _____ |
| c. Additions to Reserve for Bad Debts | _____ |
| 14. Depreciation and Amortization | _____ |
| 15. Insurance and Fidelity Bonds | _____ |
| 16. Legal Fees and Disbursements | _____ |
| 17. Postage, Printing, Stationery and Supplies | _____ |
| 18. Rent, Utilities and Janitorial Services | _____ |
| 19. Salaries of Officers, Owners, Partners and Members | _____ |
| 20. Salaries of all Other Employees | _____ |
| 21. Taxes, Other than Income | _____ |
| 22. License Fees | _____ |
| 23. Telephone and Other Communications | _____ |
| 24. Travel | _____ |
| 25. Supervision & Administration (when not allocated to other items) | _____ |
| 26. Other Expenses (itemize) | |
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |
| d. _____ | _____ |
| 27. Interest on Borrowed Funds | |
| a. Intra-company | _____ |
| b. Paid to Others | _____ |
| 28. Total Expenses Before Income Taxes | _____ |
| 29. Net Income Before Income Taxes (Line 10 minus Line 28) | _____ |
| 30. Federal Income Taxes | _____ |
| 31. State Income Taxes | _____ |
| 32. Total Expenses (Line 28 plus Lines 30 and 31) | _____ |
| 33. Net Income (Line 10 minus Line 32) | _____ |

STATEMENT OF ASSETS AND LIABILITIES

	December 31, 2014	December 31, 2013
34. Cash on hand and in banks	_____	_____
35. Short-term investments	_____	_____
36. Loans receivable		
a. Gross receivables	_____	_____
b. Less: Unearned discount	_____	_____
37. Net loans receivables	_____	_____
38. Less: Reserve for bad debts	_____	_____
39. Adjusted loans receivable	_____	_____
40. Total Liquid and Earning Assets	_____	_____
41. Average net receivables outstanding	_____	_____
42. Average number of accounts outstanding	_____	_____

DELINQUENCY SUMMARY

	<u>NUMBER</u>	<u>AMOUNT</u>
43. Past due accounts – 60 to 89 days	_____	_____
44. Past due accounts – 90 or more days	_____	_____
45. Totals	_____	_____
46. Delinquency as a percent of gross Receivables	_____	_____

LEGAL ACTION

Note: Borrowers' Accounts may be listed in more than one of the following classifications.

	<u>NUMBER</u>	<u>AMOUNT</u>
47. Suits for Recovery		
a. Instituted during the period	_____	_____
b. Settled before judgment during the period	_____	_____
48. Possession of security obtained by the licensee		
a. Household goods	_____	_____
b. Vehicles	_____	_____
c. Mobile homes or real estate	_____	_____
d. Other	_____	_____
49. Sales of security obtained by licensee		
a. Number of sales	_____	
b. Amount due		_____
c. Amount collected		_____

STATEMENT OF LOAN ACTIVITY
DISTRIBUTION OF REGULATED LOANS MADE DURING THE YEAR

By Size	<u>Number</u>	<u>Amount</u>
50. \$300 or Less	_____	_____
51. \$301 to \$500	_____	_____
52. \$501 to \$1,000	_____	_____
53. \$1,001 to \$2,500	_____	_____
54. \$2,501 to \$5,000	_____	_____
55. \$5,001 to \$10,000	_____	_____
56. \$10,001 to \$25,000	_____	_____
57. \$25,001 to \$50,000	_____	_____
58. \$50,001 to \$100,000	_____	_____
59. Greater than \$100,000	_____	_____
60. Advances on revolving or open-end loans	N/A	_____
61. TOTALS <i>(must agree with line 69)</i>	_____	_____

By Principal Type of Security	<u>Number</u>	<u>Amount</u>	<u>Range of Interest Rates Charged</u>
62. Unsecured	_____	_____	_____
63. Co-maker endorsed or guaranteed	_____	_____	_____
64. Household goods	_____	_____	_____
65. Vehicles	_____	_____	_____
66. Mobile Homes	_____	_____	_____
67. Real Estate	_____	_____	_____
68. Other	_____	_____	_____
69. TOTALS <i>(must agree with line 61)</i>	_____	_____	_____

AFFIDAVIT

I, _____ the undersigned, being the _____ of _____ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

Signature

Date

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
HERE*